

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **FOME, INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **11/28/2023** and the period of duration is **perpetual**.

**5. Principal Office**

607 W Main Street, Suite 300  
Louisville, KY 40202

**6. Required Representatives**

<b>Officer</b>	Doug Petry	607 W Main Street, Suite 300	Louisville	KY	40202
<b>Officer</b>	Michael Trager-Kusman	607 W Main Street, Suite 300	Louisville	KY	40202

**7. Registered Agent/Office**

Doug Petrey  
607 W Main Street, Suite 300  
Louisville, KY 40202

I, **Doug Petrey**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Friday, December 1, 2023

As the Authorized Representative, I, **Doug Petry**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**